

ICE RECEIPT
COMPLAINT NUMBER WSPF-2016-21695
*** * * ICRS CONFIDENTIAL * * ***

To: LOCKETT, JEREMY B. - #511912
UNIT: _CR2 -- _225_L
WISCONSIN SECURE PROGRAM FACILITY
BOSCOBEL, WI

Complaint Information:

Date Complaint Acknowledged:	10/06/2016
Date Complaint Received:	10/06/2016
Subject of Complaint:	4 - Medical
Brief Summary:	Claims he is being denied his medication.

This is to acknowledge the complaint you filed and which was received on the date indicated. Depending on the nature of the complaint, you may or may not be interviewed by the ICE. A recommendation on the complaint will be made and submitted to the appropriate reviewing authority within 20 working days of acknowledgement. A decision will be made by the appropriate reviewing authority within 10 working days following receipt of the recommendation unless extended for cause.

Please write to the ICE if this issue is resolved before you receive an answer.

ICE REJECTION
COMPLAINT NUMBER WSPF-2016-21695
***** ICRS CONFIDENTIAL *****

To: LOCKETT, JEREMY B. - #511912
UNIT: _CR2 -- _225_L
WISCONSIN SECURE PROGRAM FACILITY
BOSCOBEL, WI

Complaint Information: REJECTED

Date Complaint Acknowledged:	10/06/2016	Inmate Contacted?	No
Date Complaint Received:	10/06/2016		
Subject of Complaint:	4 - Medical		
Brief Summary:	Claims he is being denied his medication.		
Rejection Comment:	The issue raised in this complaint has been addressed through the inmate's prior use of the ICRS (DOC 310.11(5)(g), Wis. Adm. Code). WSPF-2016-21590		
Rejection Code:	Previously addressed		
Decision Date:	10/26/2016		

E. Ray

E. Ray - Institution Complaint Examiner

Per DOC 310.11(6), you may appeal the rejection of this complaint within 10 calendar days to the appropriate reviewing authority. The reviewing authority will only review the basis for the rejection of this complaint, not the merits of the complaint.

If you wish to appeal, complete form DOC 2182 Request for Review of Rejected Complaint and send to:

INSTITUTION COMPLAINT EXAMINER
WISCONSIN SECURE PROGRAM FACILITY
1101 MORRISON DRIVE
P.O. BOX 1000
BOSCOBEL, WI 53805-1000

The reviewing authority's decision is final pursuant to s. DOC 310.11(6), Wis. Adm. Code.



State of Wisconsin
Department of Corrections
GENERAL REPORT ON INMATE COMPLAINT

Complaint Information:

Date Complaint Acknowledged: October 06, 2016

Date Complaint Received: October 06, 2016

Subject of Complaint: 4 - Medical

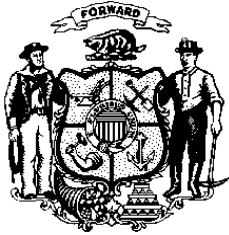
Brief Summary: Claims he is being denied his medication.

ICE Rejection Information: (Signed on 10/26/16 8:17:13AM):

ICE's Summary of Facts: The issue raised in this complaint has been addressed through the inmate's prior use of the ICRS (DOC 310.11(5)(g), Wis. Adm. Code). WSPF-2016-21590

ICE's Recommendation: Rejected - Previously addressed

ICE's Recommendation Date: October 26, 2016



State of Wisconsin
Department of Corrections
DISTRIBUTION ITEMS
for COMPLAINT NUMBER WSPF-2016-21695

Item	Create Date	Created By	Sent To	Inmate ID	Print Date	Printed By
ICE Receipt	10/06/2016 8:37:40AM	Jessica Kramer	WSPF	511912	10/06/2016 10:08:19AM	Jessica Kramer
ICE Rejection	10/26/2016 8:17:13AM	Ellen Ray	WSPF	511912	10/26/2016 10:05:49AM	Jessica Kramer

INMATE COMPLAINT

OFFICE USE ONLY

DATE RECEIVED OCT 06 2016	COMPLAINT CODE 04	COMPLAINT FILE NUMBER WSDF-2016-21695
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INSTRUCTIONS FOR INMATE: COMPLETE ALL SECTIONS OF FORM Do not use a highlighter or marker on this form The form may be returned to you if you submit an incomplete form or if you do not follow the instructions Print clearly, illegible forms will not be processed See reverse side for more information

INMATE NAME (if group complaint, enter name of spokesperson) Jeremy Lockett	DOC NUMBER 511912	HOUSING UNIT Charlie/225	FACILITY WSDF
LOCATION OF INCIDENT Charlie Unit	DATE OF INCIDENT 10-4-16	TIME OF INCIDENT	

ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

BRIEFLY STATE WHO OR WHAT IS THE ONE ISSUE OF THIS COMPLAINT?

I am being denied the correct medication.

PRIOR TO SUBMITTING THIS COMPLAINT, HOW DID YOU ATTEMPT TO RESOLVE YOUR ONE ISSUE AND WITH WHOM?

I wrote to HSI

WHAT WAS THE RESULT OF YOUR ATTEMPT TO RESOLVE THE ONE ISSUE?

I was told that the nurse/practitioner will not give me Oxycodones only tylenol-3's.

WHAT ARE THE DETAILS SURROUNDING THIS COMPLAINT?

I was sent to the hospital for sickle-cell which is considered a serious medical need and because most medications don't work for this medical need. The boscobel hospital prescribed me 5mg of Oxycodones (4) pills every (4) hours and I received (4) pills at 12:30 am and then (4) more pills at 6:10 am then at 10:38 am Nurse Anderson came to my door with Tylenols-3's (2) of them and she stated that N/P said they will not give Lockett the medication (Oxycodone's 5 mg) and if this is not enough you have to deal with it you are in prison. Lockett was sent to the boscobel hospital for a reason one was because the institution could not handle the situation. The Tylenol-3's don't work for the pain and the N/P knows this so now the N/P is just intentionally violating the plaintiff's rights knowing that he is suffering in pain with no relief except medication that do not work. The Doctor at boscobel hospital prescribed the medication for a reason.

Young V. Harris, 509 F.Supp.1111,1113(S.D.N.Y. 1981)(Plaintiff could not walk without substantial difficulty and discomfort)

McElligott V. Foley, 182 F.3d 1248,1256-57(11th cir.1999)(holding failure to treat severe pain could constitute deliberate indifferent). Lockett is having a sickle-cell crisis in his leg so he can't walk and/or lay down because he is in constant pain because of being denied the right pain medication.

SIGNATURE OF INMATE

DATE SIGNED

10-5-16

Continue on reverse if more space is needed.

DISTRIBUTION Original - ICTS (Electronic), Official Record - ICE Office Designated File

ACTION REQUESTED

I would like to be prescribed the right medication so that I am not in the pain that I am in right now and rights are not violated which are clearly being violated right now.

INSTRUCTIONS FOR COMPLETING THE INMATE COMPLAINT FORM

All inmates are required to follow the chain of command. You must speak with appropriate staff in an effort to informally resolve your issue before filling out this form. If you have not done so, the Institution Complaint Examiner (ICE) may direct you to, prior to accepting the complaint. The Department of Corrections (DOC) shall not exclude impaired, handicapped, illiterate or Limited English Proficiency (LEP) inmates from full participation in the Inmate Complaint Review System (ICRS).

1. Complaints filed by an inmate or group of inmates shall:
 - a) Be typed or written legibly on forms supplied for that purpose. The facility shall make these forms accessible to inmates
 - b) Include the original inmate signature
 - c) Not contain language that is obscene, profane, abusive, or threatens others, unless such language is necessary to describe the factual basis of the substance of the complaint
 - d) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
 - e) Contain only one issue per complaint, and shall clearly identify the issue
2. Inmates may not file more than two complaints per calendar week, except that the ICE may waive this limit for good cause. The ICE shall exclude from this limit, sexual abuse and sexual harassment or PREA complaints, and complaints that raise health and personal safety issues.
3. An inmate shall file a complaint within 14 calendar days after the occurrence giving rise to the complaint, except that the ICE may accept a late complaint for good cause.
4. Use of the ICRS is confidential, however, confidentiality may be waived if the security, safety or health of the institution or any person is involved.
5. If your complaint contains a false statement, making that false statement outside the ICRS constitutes the offense of DOC 303 32. Lying about an employee.

NOTE: The ICRS is governed by the rules in chapter DOC 310, Wisconsin Administrative Code. For more information on using the ICRS, please review this chapter.

All sexual abuse and sexual harassment complaints submitted to the ICRS shall be immediately redirected and referred for a sexual abuse and / or sexual harassment investigation.

The ICE will acknowledge your complaint with an ICE Receipt, or return the complaint to you for correction or with further instructions, within 5 working days of receiving your complaint submission.

DISTRIBUTION Original – ICTS (Electronic), Official Record – ICE Office Designated File

OCT 31 2016
REQUEST FOR REVIEW OF REJECTED COMPLAINT

DOC 310.11(6), Wis Adm Code: "An inmate may appeal a rejected complaint within 10 calendar days only to the appropriate reviewing authority who shall only review the basis for the rejection of the complaint. The reviewing authority's decision is final."

INSTRUCTIONS:

- 1 Prepare an original and one copy of this request. Please print or type
- 2 Sign and date form.
- 3 Keep the copy of this request for your records.
4. Send the original to the Institution Complaint Examiner specified on the DOC-402 ICE Rejection form you received.

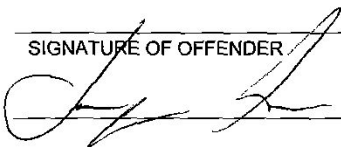
This form is not to be submitted to the Corrections Complaint Examiner

OFFENDER NAME	DOC NUMBER	INSTITUTION (Abbreviate)	COMPLAINT FILE NUMBER
Jeremy Lockett	511912	WSPP	WSPP-2016-21695

STATE BRIEFLY WHY YOU DISAGREE WITH THE REASON FOR THE REJECTION OF YOUR COMPLAINT

Disagree with the ~~the~~ Decision because they refused to follow the
Doctors order intentionally to keep me in pain

SIGNATURE OF OFFENDER



DATE SIGNED

10-30-16